

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/023,234	02/13/98	257	2811 2751	042390P5658

APPLICANT

THOMAS J. HOLMAN, PORTLAND, OR.

****CONTINUING DOMESTIC DATA*******

VERIFIED

KW none

****371 (NAT'L STAGE) DATA*******

VERIFIED

KW none

****FOREIGN APPLICATIONS*******

VERIFIED

KW none

FOREIGN FILING LICENSE GRANTED 04/22/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 17	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials <u>KW</u> Initials _____					

ADDRESS

BLAKELY SOKOLOFF TAYLOR & ZAFMAN
12400 WILSHIRE BOULEVARD 7TH FLOOR
LOS ANGELES CA 90025

TITLE

MEMORY MODULE INCLUDING A MEMORY MODULE CONTROLLER HAVING 2
MEMORY MODULE CONTROLLER CONTROLLING
MEMORY TRANSACTIONS FOR A PLURALITY
OF MEMORY DEVICES

FILING FEE FEES: Authority has been given in Paper No. <u>1</u> to charge/credit DEPOSIT ACCOUNT NO. <u>02-2666</u> for the following:	<input type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Credit
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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6664

SERIAL NUMBER 09/023,234	FILING DATE 02/13/1998 RULE	CLASS 711	GROUP ART UNIT 2187	ATTORNEY DOCKET NO. 042390P5658	
APPLICANTS THOMAS J. HOLMAN, PORTLAND, OR; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/22/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> Allowance Examiner's Signature _____ Initials _____		STATE OR COUNTRY OR	SHEETS DRAWING 17	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
ADDRESS BLAKELY SOKOLOFF TAYLOR & ZAFMAN 12400 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90025					
TITLE MEMORY MODULE HAVING A MEMORY MODULE CONTROLLER CONTROLLING MEMORY TRANSACTIONS FOR A PLURALITY OF MEMORY DEVICES					
FILING FEE RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		